
ADPH FOLLOW-UP PROCESS

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Objectives

- **To standardized the practice of follow up and documentation**
- **Demonstrate the use of the abnormal breast template**

Documentation

What is the purpose of documentation?

Documentation

- **Tell the complete story of the patient.**
- **Good clinical communication**
- **Continuity of care of our patients**
- **Defense against malpractice or a lawsuit**

Documentation

- **US Law requires health care organizations to provide patients with free, full, and immediate electronic access to their doctor's clinical notes as well as test results and reports from pathology and imaging**



FAILURE TO FOLLOW UP

- Failure to follow-up on laboratory results has been identified as one of the leading causes of lawsuits in clinic settings
- Courts have held that providers are responsible for contacting the patient about labs, imaging, and referral results

TRACKING AND REMINDER SYSTEMS - TICKLERS

- Tracking of patients is a safety mechanism to prevent patients “from falling through the cracks”

TICKLER SYSTEMS

- Must be manual (tickler card), in addition, may use electronic tasks
- Reviewed based on follow up steps needed per protocol
- All staff should follow the same protocol

TRACKABLE INFORMATION

- Pap test and follow-up, need for colposcopy
- Mammogram results and recommended follow-up
- Pertinent labs and radiology studies
- Pathology reports from procedures performed
- Referrals to other providers

FOLLOW-UP STEPS AND PATIENT NOTIFICATION

- Abnormal pap received and reviewed by nurse/NP
- Creation of tickler and progress note (referral)
- Assigned to NP for review
- Initiate notification of patient with phone call or 1st class letter within 5-7 days
- If no response within 2 weeks, second notification letter sent certified mail

Follow up is required for:
 1. Abnormal CBE
 2. Abnormal mammogram/ultrasound — Bi-Rads 0, 3, 4, 5 and MRI
 3. This should occur over a 30-45-day period (needed to include consent to MD to electronic, abnormal breast templates)
 4. See Abnormal Findings Chapter: “Breast Abnormalities” for management.
 For a patient with a surgical diagnosis of a fibroadenoma, who has completed diagnostic evaluation (surgical consult, MMG and/or ultrasound, and biopsy) and conservative management with observation in the chosen management option, the patient will need a CBE every 6 months and annual ultrasound to assess/monitor for stability.
 NOTE: Follow-up is required for referral of a routine screening mammogram with a negative CBE to verify if the appointment was kept and if so to ensure the results are received. If appointment was not kept no further follow up needed.

Cervical

Follow-up is required for:
 1. Suspicious cervical lesion upon exam.
 2. Abnormal Pap smears or HPV results (including screening paps and post-colposcopy).

The notification, counseling and scheduling appointments should be completed within 30 days.

Note: Follow-up with 2-letter process is required for patients who opt to make their own appointment with provider of choice or those who miss follow up appointments scheduled.

2 STEP LETTER PROCESS

- Needed for all abnormal or repeat paps
 - 12 month FU, post-Colpo FU, post-LEEP FU
 - Unsat or QNS
 - ASCUS/HPV neg
- Missed appointments for diagnostic or treatment procedures
- All abnormal findings requiring a referral to outside provider
- Patients who opt to make own appointment

COUNSELING THE PATIENT

- Who was counseled (patient vs. guardian),
- Where/how counseling occurred – telephone, clinic visit
- Description of abnormal finding, treatment
- Recommendations, follow-up appointments
- Consequences of not following the recommendations

NO RESPONSE TO FOLLOW-UP ATTEMPTS

Document in progress note

- Inactive status - if unable to contact with 2 letter process
- Work-up declined – signs declination of services or does not show 2 times for scheduled follow-up

Flag chart in banner

- Patient should be counseled at each visit
- Counseling should be documented in progress (referral) note and visit note

RECEIVING AND REVIEWING RECORDS

- Follow up is not completed until post procedure (ex: Colpo, LEEP) results are received, reviewed, and disposition made.
- The patient is to be notified of results and post-procedure follow-up.
- The patient is to be followed until she returns to routine screening

ADPH FOLLOW-UP

- Colposcopy at the Health Department
- NPS receives and reviews the results
- NPS appends the note and assigns it to the follow-up

ADPH FOLLOW-UP

- Follow-up nurse to notify and counsel the patient
- Nurse to append the note
- Nurse assigns the note to Dr. Thomas

ADPH Follow-Up

Colposcopy findings received with plan of care. Colposcopy findings were relayed to patient, patient's questions were answered, and plan of care discussed. See referral section of EHR for details. (Must document patient's individual plan, i.e. "Co-test in 1 year, LEEP, or Colpo, ECC and cytology in 4-6 months, etc. Add LEEP appointment date if indicated).

ADPH FOLLOW-UP

- *****UNLESS CARE IS TRANSFERRED, the RESPONSIBILITY for the patient's care REMAINS with YOU (ADPH) until closed**
- **YOU should remain in charge of communication with the patient**
- **YOU should coordinate the overall care based the referral and evidence based guidelines**

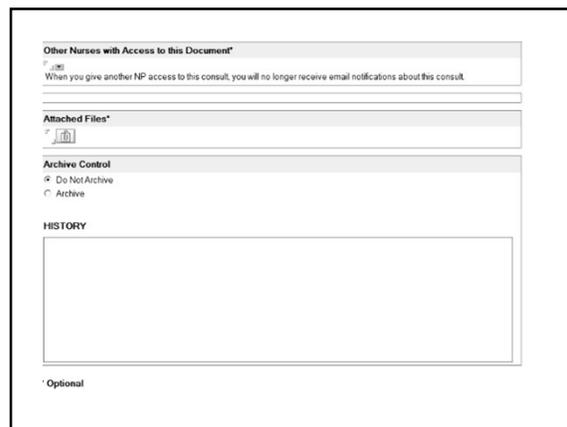
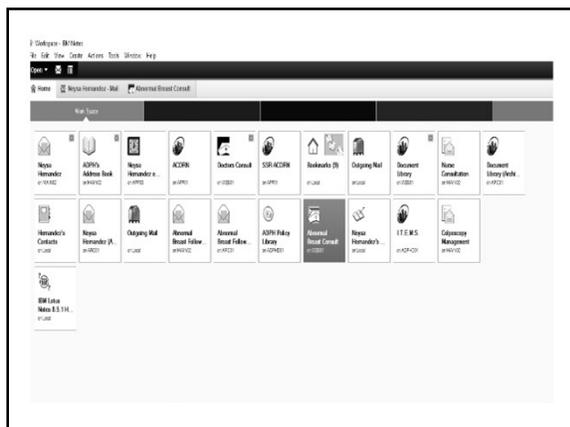


What is the Abnormal Breast Template?

- **An electronic consult template for Abnormal Breast Follow-Up**
- **Mirrored after Doctor-Nurse Consultation**
- **Faster response for F/U Nurse/NP from Collaborating MD**

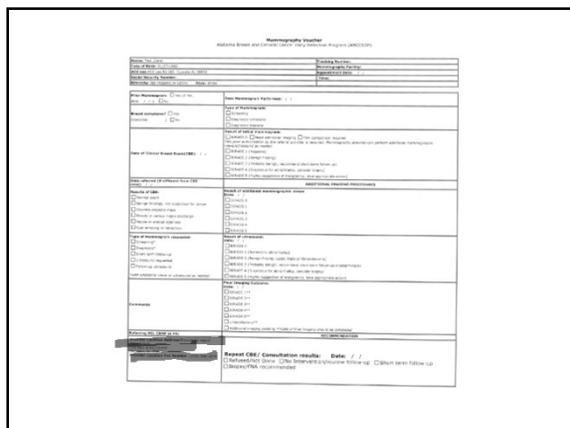
How Do We Use It?

- **Originate a consult for a new breast mass, abnormal CBE, or abnormal imaging that warrants Collaborating MD F/U**
- **May include ongoing F/U cases when the patient returns for the annual exam and CBE**



Scanning Tips

- Please view the document that is scanned before attaching
- If you can not read it, we can not read it
- Delete extra blank pages
- Re-do scan if information is cut off or crooked making it difficult to read



Standing Order for Provisions of Abnormal Pap Management Specific to UAB Clinic Referral Guidelines

Dear Nurse, M.D., M.P.H.
The University of Alabama

MEMORANDUM

TO: ADPH County Health Departments
FROM: Clark Thomas, M.D., F.A.C.C.O., Medical Officer, Division of Family Health Services
DATE: February 5, 2021
SUBJECT: Standing Order for Provisions of Abnormal Pap Management Specific to UAB Clinic Referral Guidelines

For immediate use, please disseminate the use of UAB colposcopy clinic referral guidelines in the ADPH referenced document or the FF protocol as they are outlined. These guidelines are to be replaced with the Cervical Management Guidelines that are currently endorsed using the ASCCP app or ASCCP website. This is an established ADPH process. Nurse Practitioners are to continue to consult Dr. Thomas or the MD on call for any clinical situation that does not give next step recommendations using "best clinical judgement" and/or any clinical situation for which management is uncertain. Do not refer to UAB Colposcopy clinic or another outside clinic unless indicated by physician consult. Continue to use the UAB Colposcopy Clinic Referral Guidelines as general guidance for scheduling a patient appointment. UAB contacts (when to be filed in the folder). Continue to use the UAB Referral Form that must include the ASCCP app or website clinical situation recommendation. This must be clearly written on the referral form and scanned into the document manager of the patient's record. Alternatively, UAB has approved copying of the clinical situation with the patient's risk percentage stated and attaching this printout to the referral. ADPH will endorse these changes in the next 2021 ADPH scheduled provider review update.

Clark Thomas, M.D., F.A.C.C.O.
Medical Officer for Family Health Services

3-7-21
UAB

UAB REFERRALS FORM

COLPOSCOPY REFERRAL FORM
Form # Cervical Health of UAB
Revised 12/18/20
Phone: 205-975-9778 Fax: 205-975-4134

TO OBTAIN AN APPOINTMENT:
1. This document, ALL of Section 1 and 2. Complete forms will not be processed.
2. This document, ONLY of Section 1 and 2. Complete forms will not be processed.
This form will be sent back to you with appointment date and time (Section 3) to you as possible. (Please allow 2 weeks before calling or visiting)

SECTION 1: PATIENT INFORMATION

Name: _____ Date of Birth: _____
Address: _____
Sex: Male Female Race: Black White Other: _____
Medical History: M, D, S, W _____ Other: _____
Phone: _____
LMP: _____
Pregnant? Yes No
Pap Done and Result: (Please include last 2 years of Pap Smear results)

SECTION 2: Referring (Health Department or Physician)
Name: _____
Address: _____
Phone: _____
Office: _____

SECTION 3: GYN/PROBIOLOGY OFFICE USE ONLY. PLEASE NOTIFY PATIENT OF THE FOLLOWING:

DATE OF APPOINTMENT: _____ TIME: _____
REASON FOR REFERRAL OF APPOINTMENT AND INTERMEDICATION:
Cause: _____

MANAGEMENT PUBLICATIONS DEFINITIONS

Clinical Situation Testing Recommendation

Confirmation

Management of routine screening results
Age: 25 to 29

Cotest with positive HPV and abnormal cytology result of ASC-US

ASCCP

Management Testing Recommendation

Become an ASCCP Member Today!

Become an ASCCP Member Today!

4:21 100%
ASCCP

MANAGEMENT PUBLICATIONS DEFINITIONS

Clinical Situation Testing Recommendation

Recommendation

Colposcopy*

Risk

Inmediate risk of CIN2+ is 4.3%

References

1. Egemen D, Cheung LC, Chen X, et al. Risk estimates supporting the 2017 ASCCP Risk-Based Management Consensus Guidelines. *J Low Genit Tract Dis* 2020;14:32-45.

